Division of Medical Assistance
MassHealth Companion Guide

to the

X12N 270/271 (Version 4010A) Eligibility Verification Implementation Guide

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Introduction

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What is HIPAA?

The Health Insurance Portability and Accountability Act - Administrative Simplification (HIPAA-AS) requires that the Division of Medical Assistance (Division), and all other health insurance payers in the United States, comply with the electronic data interchange standards for health care as established by the Secretary of Health and Human Services. The ASC X12N 270/271 (Version 4010A) transaction is the established standard for Eligibility Verification.

Purpose of the Implementation Guide

The X12N 270/271 Version 4010A Implementation Guide for ***Eligibility Verification*** has been established as the standard for eligibility verification compliance. The Implementation Guide is designed to assist those checking eligibility to an insurance company, health care organization or government agency using the 270/271 transaction set. Although the Implementation Guide contains requirements for use of specific segments and data elements within the segments, the guide was written for use by all health benefit payers.

How to obtain copies of the Implementation Guides

The implementation guides for all HIPAA transactions are available electronically at www.wpc-edi.com/HIPAA.

Purpose of this Companion Guide

This companion document was created for Trading Partners to supplement the 270/271 Implementation Guide. It describes the data content, business rules and characteristics of both transaction sets required by the Division. The information in this guide supersedes all other communications from the Division regarding this electronic transaction.

Intended Audience
The intended audience for this document is the technical area that is responsible for generating and receiving electronic eligibility inquiries and responses from the Division.

General Information

Questions regarding any issues in this Companion Guide can be directed to the EDS Helpdesk at 1-800-462-7738. Please refer to https:\\www.massrevs.eds.com for documentation regarding the use of the Recipient Eligibility Verification System (REVS).

Establishing Connectivity with MassHealth

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The following information outlines the process for conducting electronic 270/271 transactions with the Division for MassHealth. The information provided below may be revised as the 270/271 transaction options are expanded.

Contact Name

Type of Contact	Area Contact	Telephone Number	Email Address
Technical	REVS	1-800-462-7738	REVSHelpDesk@eds.com

Setup

The 270/271 transaction issued by the Division for MassHealth is available through Recipient Eligibility Verification Systems (REVS). The Trading Partners conducting the 270/271 transaction must have access to REVS. This section provides information needed by Trading Partners to establish connectivity with the Division for test and production. It includes:

- Communications Software Recommendations (dial up, Internet, etc.)
- File software recommendation (PC emulation, modem, settings)
- Password Maintenance Instructions

Testing

This section describes the details that are needed for the testing phase. Each trading partner wishing to process transactions in a batch environment will be tested. Batch analysis will be done by the EDI coordinator. Call the technical contact to begin testing at the telephone number above. Real-time transactions must be conducted through a predefined access method and do not require testing. Steps to follow prior to contacting the EDI technical contact:

- Review of this companion guide in conjunction with 270/271 implementation guide
- Trading Partner system preparation for development of a 270 transaction
- Test file generated timeline of 14 days or less

Technical Requirements

This section describes the file attributes specific to the Division's system requirements.

REVSpc Software

- Pentium Processor with Windows NT 4.0/9X/ME/ ME/2000/XP

- Minimum of 32 MB of RAM (128 MB Recommended)

- Minimum of 60 MB of free space on a hard disk

- CD ROM drive, phone modem and/or high speed Internet access

- Microsoft Internet Explorer 4.0 or higher and/or Netscape 4.0 or higher with Internet connectivity, OR a modem (2400 or higher) connected to the PC with a phone line available

WebREVS

- Microsoft Internet Explorer 4.0 or higher and/or Netscape 4.0 or higher and/or AOL 5.0 or higher

- The browser may be functional, but not supported

- Browser must be frame-enabled, and the facility must be able to connect to a SSL site

Batch

- Requirement for batch ASC X12 270/271 Version 4010A1 text file

- Adherence to the compliance guidelines stated in this companion guide

Reporting

The purpose of this section is to identify and describe eligibility related reports issued by the Division for MassHealth. Detailed eligibility verification reports are available monthly for Point-Of-Service (POS) device card swipe users and reports can also be produced via the REVSpc software application.

MassHealth Specific Data Requirements

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General Information

The following information is provided to clarify the code values, conditional data elements and segments that are used by the Division in creating the 270/271 transactions. The following information is designed to help Trading Partners parse the 270/271 transactions. This information is subject to change as the 270/271 transactions are updated.

ISA Segment

Example Format, Level and Loop Definition

		270 Implementation Guide Data		Payer Specific Data	
Position	Segment ID / Data Element Number	Description	270 Requirements	MassHealth Instructions	TA105 value
Loop	____	INTERCHANGE CONTROL HEADER			
____	ISA	Interchange Control Header	Required	To start and identify an interchange of zero or more functional groups and interchange-related control segments. The first three characters in the transaction must be "ISA". The fourth character or field separator value and must be a special character and cannot be the same as the segment separator or the component separator. One of the following is recommended: '~', '^', '*', '<', '>', '{', '}', '[', ']', '|'. The length of the ISA segment must be 106 characters in length. The last character of the segment, the segment separator, must be a special character and different from the field separator or the component separator. One of the following is recommended: '~', '^', '*', '<', '>', '{', '}', '[', ']', '|'. Each field on the segment must exactly the length as stated in the HIPAA guide.	024 026 004
___	ISA01 / I01	Authorization Information Qualifier	Required	Code to identify the type of information in the Authorization Information. Must equal "03".	010
___	ISA02 / I02	Authorization Information	Required	Information used for additional identification or authorization of the interchange sender or the data in the interchange; the Authorization Information Qualifier (I01) sets the type of information. This field must be equal to be REVS User ID, which is described in section 3.1.2 Security Validation. Invalid length. Must be a four to seven character alphanumeric value filled to	011 013

				the right with spaces to equal exactly 10 characters in the field. The User ID must contain at least four unique letters.	
___	**ISA03 / I03**	**Security Information Qualifier**	Required	Code to identify the type of information in the Security Information.	
				Must equal "01".	012
___	**ISA04 / I04**	**Security Information**	Required	This is used for identifying the security information about the interchange sender or the data in the interchange; the Security Information Qualifier (I03) sets the type of information.	
				This field must be equal to be REVS User ID, which is described in section 3.1.2 Security Validation.	
				Invalid length.	013
				Must be a four to eight character alphanumeric value filled to the right with spaces to equal exactly 10 characters in the field. The password must contain at least four unique letters and at least one number.	013
___	**ISA05 / I05**	**Interchange ID Qualifier**	Required	Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified.	
				Must equal "ZZ".	005
___	**ISA06 / I06**	**Interchange Sender ID**	Required	Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID Element.	
				Must be a valid DMA Provider ID that has been authorized for use by the User ID entered in ISA02.	013
				Invalid length.	006
				A valid DMA Provider ID is a seven character value. The first character must be alpha numeric and the last six characters must be numeric. The Provider ID must be present on the master provider file and valid for use by the User ID entered in ISA02.	013
___	**ISA07 / I05**	**Interchange ID Qualifier**	Required	Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified.	
				Must equal "ZZ".	007
___	**ISA08 / I07**	**Interchange Receiver ID**	Required	Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them.	
				Must equal "MASS XIX DMA ". Three trailing spaces are required to equal fifteen characters.	008
___	**ISA09 / I08**	**Interchange Date**	Required	Date of the interchange.	
				Must be a valid date entered YYMMDD.	014
___	**ISA010 / I09**	**Interchange Time**	Required	Time of the interchange.	
				Must be a valid 24-hour time entered as HHMM.	015
___	**ISA011 / I10**	**Interchange Control Standards Identifier**	Required	Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer.	
				Must equal "U".	002
				Invalid length.	016
___	**ISA012 / I11**	**Interchange Control Version Number**	Required	This version number covers the interchange control segments.	
				Must equal "00401".	003

				Invalid length.	017
___	**ISA013 / I12**	**Interchange Control Number**	Required	A control number assigned by the interchange sender.	
				Must be identical to IEA02 on the IEA segment.	001
				Invalid length or not numeric.	018
___	**ISA014 / I13**	**Acknowledgment Requested**	Required	Code sent by the sender to request an interchange acknowledgment (TA1).	
				Can equal "0" when requesting immediate response or "1" for overnight batch. Regardless of the value, if an error condition is found on any of the four envelope segments, a TA1 transact response transaction will be returned. Please refer to the glossary for the definitions and requirements for immediate response and overnight batch.	N/A
___	**ISA015 / I14**	**Usage Indicator**	Required	Code to indicate whether data enclosed by this interchange envelope is test, production or information.	
				Can either be "T" or "P".	N/A
___	**ISA016 / I15**	**Component Element Separator**	Required	Type is not applicable; the component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator.	
				Can be any value other than the values selected as the segment separator and the field delimiter, but ":" (colon) is recommended.	027

ISA in the Request:

ISA*03*USER ID *01*PASSWORD *ZZ*MEDICAID PROVID*ZZ*MASS XIX DMA *
930602*1253*U*00401*000000031*1*P*:~

ISA in the Response:

ISA*03*   *01*   *ZZ*MASS XIX DMA *ZZ*MEDICAID PROVID*
930602*1253*U*00401*000000031*1*P*:~

No Loop Identifier Code is defined for the ISA segment.

Assumptions

- The fourth character, "*" in the example above, is identified as the field separator throughout the entire transaction.

- The final or 106th character, "~" in the example above, is identified as the segment separator throughout the entire transaction.

- The 105th character, ":" in the example above, is identified as the component element separator throughout the entire transaction.

- To remain consistent with the HIPAA guide, the value "ISA" is defined in this document as ISA00.

- ISA02 and ISA04 are set to spaces on the response transaction.

- ISA06 and ISA08 are reversed on the response transaction.

REVSpc Report - Numbered Error Messages

1. "Invalid EDI format. First segment must be ISA."
2. "ISA segment is not 106 characters long."

REVSpc Report - Numbered Error Messages

1. "Invalid user ID in ISA segment (positions 8 - 17)."
2. "Invalid password in ISA segment (positions 22 - 31)."

IEA Segment

Example Format, Level and Loop Definition

		270 Implementation Guide Data			Payer Specific Data	
Position	**Segment ID / Data Element Number**	**Description**	**270 Requirements**		**MassHealth Instructions**	**TA105 value**
Loop	**____**	**INTERCHANGE CONTROL TRAILER**				
____	**IEA**	**Interchange Control Trailer**	**Required**		**To define the end of an interchange of zero or more functional groups and interchange-related control segments.** **The first three characters in the segment must be "IEA".**	**022**
___	**IEA01 / I16**	**Number of Included Functional Groups**	Required		A count of the number of functional groups included in an interchange. Must equal 1 for the transaction to qualify for immediate response. A value greater than one causes the entire transaction to be processed in a batch process, with a response available within one hour.	021
___	**IEA02 / I12**	**Interchange Control Number**	Required		A control number assigned by the interchange sender. Must equal the value of ISA13 on the preceding ISA segment.	001

IEA*1*000000905~

No Loop Identifier Code is defined for the IEA segment.

Assumptions

- To remain consistent with the HIPAA guide, the value "IEA" is defined in this document as IEA00.

REVSpc Report - Numbered Error Messages

GS Segment

Example Format, Level and Loop Definition

		270 Implementation Guide Data			Payer Specific Data	
Position	**Segment**	**Description**	**270**		**MassHealth**	**TA105 value**

	ID / Data Element Number		Requirements	Instructions	or 997 AK... values
Loop	**____**		**FUNCTIONAL GROUP HEADER**		
____	**GS**	**Functional Group Header**	**Required**	**To indicate the beginning of a functional group and to provide control information.** **The first two characters in the segment must be "GS".**	**TA105 = 023**
___	**GS01 / 479**	**Functional Identifier Code**	Required	Code identifying a group of application related transaction sets. Must equal "HS" for an eligibility verification request or "HR" for a claim status inquiry.	AK502 = 5 AK905 = 1
___	**GS02 / 142**	**Application Sender's Code**	Required	Code identifying party sending transmission; codes agreed to by trading partners. This field must be equal to be REVS User ID, which is described in section 3.1.2 Security Validation.	AK3*GS***8~ AK4*2*142*1~
___	**GS03 / 124**	**Application Receiver's Code**	Required	Code identifying party receiving transmission. Codes agreed to by trading partners. Must equal "MASS XIX DMA".	AK3*GS***8~ AK4*3*124*7~
___	**GS04 / 373**	**Date**	Required	Date expressed as CCYYMMDD. Must be a valid date in the format CCYYMMDD.	AK3*GS***8~ AK4*4*373*8~
___	**GS05 / 337**	**Time**	Required	Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99). Must be a valid 24-hour time in the format HHMM, but HHMMSS or HHMMSSD or HHMMSSDD is also accepted.	AK3*GS***8~ AK4*5*337*9~
___	**GS06 / 28**	**Group Control Number**	Required	Assigned number originated and maintained by the sender. Can contain any value but must be identical to the value in GE02 of the GE segment.	TA105 = 021
___	**GS07 / 455**	**Responsible Agency Code**	Required	Code used in conjunction with Data Element 480 to identify the issuer of the Standard. Must equal "X".	AK3*GS***8~ AK4*7*455*7~
___	**GS08 / 480**	**Version / Release / Industry Identifier Code**	Required	Code indicating the version, release, sub release, and industry identifier of the EDI standard being used, including the GS and GE segments; if code in DE455 in GS segment is X, then in DE 480 positions 1-3 are the version number; positions 4-6 are the release and sub release, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by user); if code in DE455 in GS segment is T, then other formats are allowed. Must equal "004010X92A1" when the transaction is 270/271.	AK502 = 5 AK905 = 2

				270/271.	

270 Eligibility Verification Request:

GS*HS*SENDER CODE*MASS XIX DMA*20020425*1215*1*X*004010X92A1~

271 Eligibility Verification Response:

GS*HB*MASS XIX DMA*SENDER CODE*20020425*1215*1*X*004010X92A1~

No Loop Identifier Code is defined for the GS segment.

Assumptions

- To remain consistent with the HIPAA guide, the value "GS" is defined in this document as GS00.

- The GS segment immediately follows the 106th character of the ISA segment.

- GS02 and GS03 are reversed on the response transaction.

- GS01 will equal "HB" for an eligibility response and "HN" for a claim status notification.

REVSpc Report - Numbered Error Messages

GE Segment

Example Format, Level and Loop Definition

		270 Implementation Guide Data			Payer Specific Data		
Position	Segment ID / Data Element Number	Description	270 Requirements	MassHealth Instructions		TA105 value
Loop	**____**	**FUNCTIONAL GROUP TRAILER**				
____	**GE**	**Functional Group Trailer**	**Required**	**To indicate the end of a functional group and to provide control information.** **The first two characters in the segment must be "GE".**		**023**
___	**GE01 / 97**	**Number of Transaction Sets Included**	Required	Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element. Must equal 1 for the transaction to qualify for immediate response. A value greater than one causes the entire transaction to be processed as overnight batch.		024
___	**GE02 / 28**	**Group Control Number**	Required	Assigned number originated and maintained by the sender. Must equal the value of GS06 on the preceding GS segment.		021

GE*1*1~

No Loop Identifier Code is defined for the GE segment.

Assumptions

- To remain consistent with the HIPAA guide, the value "GE" is defined in this document as GE00.

REVSpc Report - Numbered Error Messages

ST Segment

Example Format, Level and Loop Definition

		270 Implementation Guide Data			Payer Specific Data	
Position	Segment ID / Data Element Number	Description	270 Requirements		MassHealth Instructions	997 AK... values
Loop	**____**					
____	**ST**	**Transaction Set Header**	**Required**		**To indicate the start of a transaction set and to assign a control number.** **The first two characters in the segment must be "ST".** **The ST segment must immediately follow the GS segment for immediate response.** **If a second ST segments if found prior to a GE segment, the entire transaction is processed as an overnight batch.**	**AK3*ST*1**3~**
010	**ST01 / 143**	**Transaction Set Identifier Code**	Required		Code uniquely identifying a Transaction Set. If the value of GS01 is HS. Must equal "270" if the value of GS01 is "HS".	AK502 = 1 AK905 = null
010	**ST02 / 329**	**Transaction Set Control Number**	Required		Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set. Must be identical to ST02 on the following SE segment.	AK502 = 3 AK905 = null

ST*270*0001~   *Eligibility Verification Request*

		271 Implementation Guide Data		Payer Specific Data	
Position	Segment ID / Data Element Number	Description	271 Requirements	MassHealth Instructions	997 AK... values
Loop	**____**				
____	**ST**	**Transaction Set Header**		**To indicate the start of a transaction set and to assign a control number.** **The first two characters in the segment must be "ST".** **The ST segment must immediately follow the GS segment for immediate response.** **If a second ST segment if found prior to a GE segment, the entire**	**AK3*ST*1**3~**

Position	Segment ID / Data Element Number	Description	270 Requirements	MassHealth Instructions	997 AK... values
				transaction is processed as an overnight batch.	
010	ST01 / 143	Transaction Set Identifier Code	Required	Code uniquely identifying a Transaction Set. If the value of GS01 is HB Must equal "271" if the value of GS01 is "HB".	AK502 = 1 AK905 = null
010	ST02 / 329	Transaction Set Control Number	Required	Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set. Must be identical to ST02 on the following SE segment.	AK502 = 3 AK905 = null

ST*271*0001~   *Eligibility Verification Response*

No Loop Identifier Code is defined for the ST segment.

Assumptions

- To remain consistent with the HIPAA guide, the value "ST" is defined in this document as ST00.

- On the response, ST01 will equal "271" when the value of GS01 is "HB".

REVSpc Report - Numbered Error Messages

1. "Record is not expected 270 format".

SE Segment

Example Format, Level and Loop Definition

	270 Implementation Guide Data			Payer Specific Data	
Position	Segment ID / Data Element Number	Description	270 Requirements	MassHealth Instructions	997 AK... values
Loop	**____**	**Transaction Set Trailer**			
____	**SE**	**Transaction Set Trailer**	**Required**	**To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments).** **The first two characters in the segment, must be "SE".**	**AK502 = 2** **AK905 = null**
210	SE01 / 96	Number of Included Segments	Required	Total number of segments included in a transaction set including ST and SE segments. Must equal the total number of segments including the beginning ST and ending SE segments.	AK502 = 4 AK905 = null
210	SE02 / 329	Transaction Set Control Number	Required	Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set. Must be identical to the value of ST02 on the preceding ST segment.	AK502 = 3 AK905 = null

SE*13*0001~

Assumptions

- To remain consistent with the HIPAA guide, the value "SE" is defined in this document as SE00.

- No Loop Identifier Code is defined for the SE segment.

REVSpc Report - Numbered Error Messages

1. "Session count shows incomplete transmission"

BHT Segment

Example Format, Level and Loop Definition

		270 Implementation Guide Data		Payer Specific Data	
Position	Segment ID / Data Element Number	Description	270 Requirements	MassHealth Instructions	997 AK... values
Loop	**____**	**Beginning of Hierarchical Transaction**			
____	**BHT**	**Transaction Set Trailer**	**Required**	**To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time.** **The first three characters in the segment must be "BHT".**	**AK3*BHT*2**3~**
020	BHT101 / 1005	Hierarchical Structure Code	Required	Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set. Must equal "0022" for the 270 transaction.	AK304 = 8 AK4*1*1005*7*B HT01 value~
020	BHT02 / 353	Transaction Set Purpose Code	Required	Code identifying purpose of transaction set. Must equal "13" for both request transactions.	AK304 = 8 AK4*2*353*7* BHT02 value~
020	BHT03 / 127	Reference Identification	Situational	Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. Must be present in real-time, but will not be edited for the 270 transaction. The value will be returned in the corresponding response transaction.	AK304 = 8 AK4*3*127*1~
020	BHT04 / 373	Date	Required	Date expressed as CCYYMMDD. Must be a valid date in the format CCYYMMDD. It cannot be a date in the future.	AK304 = 8 AK4*4*373*8* BHT04 value~
020	BHT05 /	Time	Required	Time expressed in 24-hour clock time as follows:	

Position	Segment ID / Data Element Number	Description	270 Requirements	MassHealth Instructions	997 AK... values or AAA03 value
337				HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99). Must be a valid 24-hour time in the format HHMM, HHMMSS, HHMMSSD or HHMMSSDD for the 270 transaction.	AK304 = 8 AK4*5*337*9* BHT05 value~
020	BHT06	Transaction Type Code	Not Used	Code specifying the type of transaction. Should not be coded for the either transaction.	AK304 = 8 AK4*6*640*10* BHT06 value~

270 Eligibility Verification Request:

BHT*0022*13*REPW*20010212*140932~

No Loop Identifier Code is defined for the BHT segment.

Assumptions

- To remain consistent with the HIPAA guide, the value "BHT" is defined in this document as BHT00.

REVSpc Report - Numbered Error Messages

HL Segment

Example Format, Level and Loop Definition

		270 Implementation Guide Data		Payer Specific Data	
Position	Segment ID / Data Element Number	Description	270 Requirements	MassHealth Instructions	997 AK... values or AAA03 value
Loop	2000A	INFORMATION SOURCE LEVEL			
2000	HL	Hierarchical Level	Required	To identify dependencies among and the content of hierarchically related groups of data segments. HL segment is required to occur only one time. The first two characters in the segment must be "HL".	AK3*HL*..*..*3~
010	HL01 / 628	Hierarchical ID Number	Required	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure. Must be a numeric value that increments by one for each HL segment within the transaction set.	AK304 = 8 AK4*1*628*7* HL01 value~
010	HL02 / 734	Hierarchical Parent ID Number	Not Used	Must be empty for the Information Source HL segment.	AK3*HL*3**8~ AK4*2*734*10* HL02 value~

Position	Segment ID / Data Element Number	Description	270 Requirements	MassHealth Instructions	997 AK... values or AAA03 value
010	HL03 / 735	Hierarchical Level Code	Required	Code defining the characteristic of a level in a hierarchical structure. Must equal "20" for the Information Source HL segment.	AK3*HL*3* 2000A*3~ AK4*3*735*7* HL03 value~
010	HL04 / 736	Hierarchical Child Code	Required	Code indicating if there are hierarchical child data segments subordinate to the level being described. Must equal "1" for all HL segments other than the Subscriber HL segment for which the value must be "1".	AK304 = 8 AK4*4*736*7* HL04 value~

HL*1**20*1~   *Information Source Level - Loop 2000A*

		270 Implementation Guide Data		Payer Specific Data	
Position	**Segment ID / Data Element Number**	**Description**	**270 Requirements**	**MassHealth Instructions**	**997 AK... values or AAA03 value**
Loop	**2000B**	**INFORMATION SOURCE LEVEL**			
2000	**HL**	**Hierarchical Level**	**Required**	**To identify dependencies among and the content of hierarchically related groups of data segments.** **HL segment is required to occur only one time.** **The first two characters in the segment must be "HL".**	**AK3*HL*..*..*3~**
010	HL01 / 628	Hierarchical ID Number	Required	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure. Must be a numeric value that increments by one for each HL segment within the transaction set.	AK304 = 8 AK4*1*628*7* HL01 value~
010	HL02 / 734	Hierarchical Parent ID Number	Required	Must contain the HL01 value of the previous HL or parent HL segment for all other levels.	AK304 = 8 AK4*2*734*7* HL02 value~
010	HL03 / 735	Hierarchical Level Code	Required	Code defining the characteristic of a level in a hierarchical structure. Must equal "21" for the Information Source HL segment.	AK3*HL*5* 2000B*3~ AK4*3*735*7* HL03 value~
010	HL04 / 736	Hierarchical Child Code	Required	Code indicating if there are hierarchical child data segments subordinate to the level being described. Must equal "1" for all HL segments other than the Subscriber HL segment for which the value must be "1".	AK304 = 8 AK4*4*736*7*

					HL04 value~

HL*2*1*21*1~   *Information Receiver Level - Loop 2000B*

	270 Implementation Guide Data			Payer Specific Data	
Position	**Segment ID / Data Element Number**	**Description**	**270 Requirements**	**MassHealth Instructions**	**997 AK... values or AAA03 value**
Loop	**2000C**	**INFORMATION SOURCE LEVEL**			
2000	**HL**	**Hierarchical Level**	**Required**	To identify dependencies among and the content of hierarchically related groups of data segments. For a transaction in batch mode this HL segment may occur multiple times, each time containing a unique member for a member with a unique DTP segment. The first two characters in the segment, must be "HL". More than the maximum (1 at this time) HL segments are present at the subscriber level.	**AK3*HL*..*..*3~** **AAA03 = 04**
010	**HL01 / 628**	**Hierarchical ID Number**	Required	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure. Must be a numeric value that increments by one for each HL segment within the transaction set.	AK304 = 8 AK4*1*628*7* HL01 value~
010	**HL02 / 734**	**Hierarchical Parent ID Number**	Required	Must contain the HL01 value of the previous HL or parent HL segment for all other levels.	AK304 = 8 AK4*2*734*7* HL02 value~
010	**HL03 / 735**	**Hierarchical Level Code**	Required	Code defining the characteristic of a level in a hierarchical structure. Must equal "22" for the Information Source HL segment.	AK304 = 3 AK4*3*735*7* HL03 value~
010	**HL04 / 736**	**Hierarchical Child Code**	Required	Code indicating if there are hierarchical child data segments subordinate to the level being described. Must equal "1" for all HL segments other than the Subscriber HL segment for which the value must be "0".	AK304 = 8 AK4*4*736*7* HL04 value~

HL*3*2*22*0~   *Subscriber Level (270 txn) - Loop 2000C*

Assumptions

- To remain consistent with the HIPAA guide, the value "HL" is defined in this document as HL00.

- The REVS implementation of the HIPAA 270 transaction set does not recognize the Dependent Loop.

- The real time implementation of the HIPAA 270 transaction set recognizes only one occurrence of the HL segment for each of the hierarchical levels within each ST through SE transaction set. Additional occurrences of this segment and the segments included within the additional HL loop will be ignored.

REVSpc Report - Numbered Error Messages

NM1 Segment

Example Format, Level and Loop Definition

		270 Implementation Guide Data			Payer Specific Data	
Position	Segment ID / Data Element Number	Description	270 Requirements		MassHealth Instructions	997 AK... values or AAA03 value
Loop	2100A	Information Source Name				
2100	NM1	Individual or Organizational Name	Required		To supply the full name of an individual or organizational entity. The first three characters in the segment, must be "NM1". One and only one NM1 segment is required following each HL segment.	AK3*NM1*..*..*3~
030	NM101 / 98	Entity Identifier Code	Required		Code identifying an organizational entity, a physical location, property or an individual. Must equal PR	AK3*NM1*4* 2100A*8~ AK4*1*98*7* NM101 value~
030	NM102 / 1065	Entity Type Qualifier	Required		Code qualifying the type of entity. Must equal 2	AK304 = 8 AK4*2*1065*7* NM102 value~
030	NM103 / 1035	Name Last or Organization Name	Required		Individual Last Name or Organizational name. Must equal Massachusetts Medicaid.	AK304 = 8 AK4*3*1035*7* NM103 value~
030	NM104 / 1036	Name First	Not Used		Individual first name.	N/A
030	NM105 / 1037	Name Middle	Not Used		Individual middle name or initial.	N/A
030	NM106 / 1038	Name Prefix	Not Used		Prefix to individual name.	N/A
030	NM107 / 1039	Name Suffix	Not Used		Suffix to individual name.	N/A
030	NM108 /	Identification	Required		Code designating the system/method of code structure	

Position	Segment ID / Data Element Number	Description	270 Requirements	MassHealth Instructions	997 AK... values or AAA03 value
	66	Code Qualifier		used for Identification Code (67). Must equal "PI".	AK304 = 8 AK4*8*66*7* NM108 value~
030	NM109 / 67	Identification Code	Required	Code identifying a party or other code. Must equal "MASS XIX DMA".	AK304 = 8 AK4*9*67*7* NM109 value~
030	NM110 / 706	Entity Relationship Code	Not Used		N/A
030	NM111 / 98	Entity Identifier Code	Not Used		N/A

Both Request Transaction Types

Information Source Level - Loop 2100A

NM1*PR*2*MASSACHUSETTS MEDICAID*****PI*MASS XIX DMA~

		270 Implementation Guide Data		Payer Specific Data	
Position	Segment ID / Data Element Number	Description	270 Requirements	MassHealth Instructions	997 AK... values or AAA03 value
Loop	**2100B**	**Information Receiver Name**			
2100	NM1	Individual or Organizational Name	Required	To supply the full name of an individual or organizational entity. The first three characters in the segment, must be "NM1". One and only one NM1 segment is required following each HL segment. The NM109 value must have a length of seven. The first position must be alphanumeric and the last six positions must be numeric. The provider number coded in NM109 for the 270 transaction must be found with a valid status on the REVS Provider Master File.	AK3*NM1*..*..*3~ AAA03 = 43 AAA03 = 51
030	NM101 / 98	Entity Identifier Code	Required	Code identifying an organizational entity, a physical location, property or an individual. Must equal 1P	AK304 = 8 AK4*1*98*7* NM101 value~
030	NM102 / 1065	Entity Type Qualifier	Required	Code qualifying the type of entity. Must equal 1 or 2	AK304 = 8 AK4*2*1065*7* NM102 value~
030	NM103 / 1035	Name Last or Organization	Required	Individual Last Name or Organizational name.	

Position	Segment ID / Data Element Number	Description	Requirements	MassHealth Instructions	997 AK... values or AAA03 value
	1035	**Name**		Must equal Provider Name.	AK304 = 8 AK4*3*1035*7* NM103 value~
030	NM104 / 1036	**Name First**	Situational	Individual first name. Required if NM1 02 is equal to 1. Otherwise not used.	N/A
030	NM105 / 1037	**Name Middle**	Not Used	Individual middle name or initial.	N/A
030	NM106 / 1038	**Name Prefix**	Not Used	Prefix to individual name.	N/A
030	NM107 / 1039	**Name Suffix**	Not Used	Suffix to individual name.	N/A
030	NM108 / 66	**Identification Code Qualifier**	Required	Code designating the system/method of code structure used for Identification Code (67). Must equal "SV".	AK304 = 8 AK4*8*66*7* NM108 value
030	NM109 / 67	**Identification Code**	Required	Code identifying a party or other code. Must equal the value of ISA06, a valid MassHealth provider number.	AK304 = 8 AK4*9*67*7* NM109 value~

Eligibility Verification Request

Information Receiver Level - Loop 2100B

NM1*1P*1*XYZ PROVIDER NAME*****SV*0020149~   *Provider Name & Number*

	270 Implementation Guide Data			Payer Specific Data	
Position	**Segment ID / Data Element Number**	**Description**	**270 Requirements**	**MassHealth Instructions**	**997 AK... values or AAA03 value**
Loop	**2100C**	**Subscriber Name**			
2100	**NM1**	**Individual or Organizational Name**	**Required**	**To supply the full name of an individual or organizational entity.** **The first three characters in the segment, must be "NM1".** **One and only one NM1 segment is required following each HL segment.** **If the member ID is not coded in NM109 and the member's card ID and sequence number are not coded of the REF*GH*... segment, the member's last name and first initial are required in the NM103 and NM104 fields.** **If NM108 equals "MI" at the Subscriber Level, NM109 must equal a valid Member ID. The Member ID must contain exactly nine alphanumeric characters. The last seven positions must be numeric.** **NM102 through NM107 should follow the HIPAA guidelines for all levels other than the Information**	**AK3*NM1*..*..*3~** **AAA03 = 65** **AAA03 = 72**

Position	Segment ID / Data Element Number	Description	271 Requirements	MassHealth Instructions	997 AK... values or AAA03 value
				Source Hierarchical Level.	
030	NM101 / 98	Entity Identifier Code	Required	Code identifying an organizational entity, a physical location, property or an individual. Must equal IL	AK304 = 8 AK4*1*98*7* NM101 value~
030	NM102 / 1065	Entity Type Qualifier	Required	Code qualifying the type of entity. Must equal 1	AK304 = 8 AK4*2*1065*7* NM102 value~
030	NM103 / 1035	Name Last or Organization Name	Situational	Individual Last Name or Organizational name. Must equal first five characters of members last name, if inquiring by member name, then the date of birth and gender are required in the DMG segment.	AK304 = 8 AK4*3*1035*7* NM103 value~
030	NM104 / 1036	Name First	Situational	Individual first name. Must equal first character of first name, if inquiring by member name, then the date of birth and gender are required in the DMG segment.	N/A
030	NM105 / 1037	Name Middle	Not Used	Individual middle name or initial.	N/A
030	NM106 / 1038	Name Prefix	Not Used	Prefix to individual name.	N/A
030	NM107 / 1039	Name Suffix	Not Used	Suffix to individual name.	N/A
030	NM108 / 66	Identification Code Qualifier	Situational	Code designating the system/method of code structure used for Identification Code (67). Must equal "MI", if inquiring by RID number.	AK304 = 8 AK4*8*66*7* NM108 value~
030	NM109 / 67	Identification Code	Situational	Code identifying a party or other code. Must equal a valid RID Number.	AK304 = 8 AK4*9*67*7* NM109 value~

Subscriber Level - Loop 2100C

NM1*IL*1******MI*601956429~   *Member Number*

NM1*IL*1~

NM1*IL*1*BROWN*WILLIAM*J~   *Last Name, First Name, MI*

	271 Implementation Guide Data			Payer Specific Data	
Position	Segment ID / Data Element Number	Description	271 Requirements	MassHealth Instructions	997 AK... values or AAA03 value

Loop	2120C	SUBSCRIBER BENEFIT RELATED ENTITY NAME			
2120	NM1	**Individual or Organizational Name**	**Required**	To supply the full name of an individual or organizational entity. The first three characters in the segment must be "NM1". One and only one NM1 segment is required following each HL segment. NM102 through NM107 should follow the HIPAA guidelines for all levels other than the Information Source Hierarchical Level.	**N/A**
030	NM101 / 98	**Entity Identifier Code**	Required	Code identifying an organizational entity, a physical location, property or an individual. Will equal P3 for PCC, or FA for Local Office #, or 2B for Third Party Liability, or 1P for Long Term Care	N/A
030	NM102 / 1065	**Entity Type Qualifier**	Required	Code qualifying the type of entity.	N/A
030	NM103 / 1035	**Name Last or Organization Name**	Required	Individual Last Name or Organizational name.	N/A
030	NM104 / 1036	**Name First**	Situational	Individual first name.	N/A
030	NM105 / 1037	**Name Middle**	Situational	Individual middle name or initial.	N/A
030	NM106 / 1038	**Name Prefix**	Situational	Prefix to individual name.	N/A
030	NM107 / 1039	**Name Suffix**	Situational	Suffix to individual name.	N/A
030	NM108 / 66	**Identification Code Qualifier**	Required	Code designating the system/method of code structure used for Identification Code (67). Will equal either SV for Service Provider Number, or FA for Local Office #, or PI for Third Party Liability Carrier Code	N/A
030	NM109 / 67	**Identification Code**	Required	Code identifying a party or other code.	N/A

Subscriber Eligibility or Benefit Information Loop – 2120C

NM1*P3*1*JONES*MARCUS***MD~   *PCC Name*

Assumptions

- To remain consistent with the HIPAA guide, the value "NM1" is defined in this document as NM100.

- If a provider uses a billing agency to request claim status information, the MassHealth provider is responsible to add or link the agency to the billing provider number by using the WebREVS Security Subordinate Maintenance Screen. If the User ID entered on the Information Receiver Level NM1 segment belongs to a provider or subordinate, a WebREVS Security application record must exist having a joint key of the User ID and the provider number entered on the Service Provider Level NM1 segment.

- When the Medicaid Member Identification Number is used as the inquiry variable, NM108 must equal "MI" and NM109 must contain the member ID number.

- On the response transaction at the subscriber level, member name and number from the Information Source database will replace any values present on the request NM1 segment.

REVSpc Report - Numbered Error Messages

1. "Invalid RID"

REF Segment

Example Format, Level and Loop Definition

		270 Implementation Guide Data		Payer Specific Data		
Position	Segment ID / Data Element Number	Description	270 Requirements	MassHealth Instructions		997 AK... values or AAA03 value or STC.. value
Loop	**2100B**	**INFORMATION RECEIVER NAME**				
2100	**REF**	**Reference Identification**	**Situational**	**To specify identifying information.** The first three characters in the segment, must be "REF".		**AK3*REF*..* 2000B*3~**
040	**REF01 / 128**	**Reference Identification Qualifier**	Required	Code qualifying the Reference Identification. Equal to "JD" may be included but is not required on the 270 eligibility verification request transaction. If included, the value of REF02 should be the MassHealth User ID, a 4 to 7 alphanumeric character field.		N/A
				Equal to "EL" must be present on the 270 eligibility verification request transaction at the information receiver level unless the transaction is internally generated from the REVS web page, https://www.massrevs.eds.com.		AK3*REF*8*2100B*3~
				Equals "EL", REF02 must contain the equipment ID, the software version number and source code in a format agreed to by the REVS account. For a transaction generated by the REVSpc application the value will be PCXeeeeevvvvS where eeeee is the PC device number, vvvv is the version number and S is the source, either P or T. The device and version numbers must be numeric. For a Frame relay transaction, the value of REF02 is yet to be determined.		AAA03=43
040	**REF02 / 127**	**Reference Identification**	Required	Reference information as defined for a particular transaction Set or as specified by the Reference Identification Qualifier.		
040	**REF03 / 352**	**Description**	Not Used	A free-form description to clarify the related data elements and their content.		
040	**REF04 / C040**	**REFERENCE IDENTIFIER**	Not Used			

270 Eligibility Verification Request

Information Receiver Level - Loop 2100B

REF*JD*SARAH01~   *MassHealth User ID*

REF*EL*PCX999990021P~   *Equip ID, Version, Source*

270 Implementation Guide Data				Payer Specific Data	
Position	**Segment ID / Data Element Number**	**Description**	**270 Requirements**	**MassHealth Instructions**	**997 AK... values or AAA03 value or STC.. value**
Loop	**2100C**	**INFORMATION RECEIVER NAME**			
2100	**REF**	**Reference Identification**	**Situational**	**To specify identifying information.** **The first three characters in the segment, must be "REF".**	**AK3*REF*..* 2000B*3~**
040	**REF01 / 128**	**Reference Identification Qualifier**	Situational	Code qualifying the Reference Identification. Equal to "GH" is recognized, but not required, at the Subscriber Level for the eligibility verification request transaction. In this case, REF02 must equal a 12 character numeric field representing the subscriber's MassHealth Card ID and sequence number. Required when inquiring by the members card number Equals "GH", the last two characters of REF02, the sequence must equal 01, 02, 03 or 04.	AAA03=64 AAA03=64
040	**REF02 / 127**	**Reference Identification**	Situational	Reference information as defined for a particular transaction Set or as specified by the Reference Identification Qualifier.	
040	**REF03 / 352**	**Description**	Not Used	A free-form description to clarify the related data elements and their content. Equals "GH", and REF02 contains only 10 numbers, the sequence number is missing.	AAA03=64
040	**REF04 / C040**	**REFERENCE IDENTIFIER**	Not Used		

Subscriber Level - Loop 2100C

REF*GH*061602011101~   *Card and Sequence Number*

Assumptions

- To remain consistent with the HIPAA guide, the value "REF" is defined in this document as REF00.

- This segment can be coded at the Receiver, Subscriber and Benefit Inquiry Information Levels for the eligibility verification request transaction. The REVS implementation of the 270 transaction acknowledges its presence only at the Receiver and Subscriber levels. Other uses are ignored.

- At the Receiver Level of the eligibility verification request transaction, only the "JD" and "EL" values of REF01 are processed and at the Subscriber level, only the "GH" value of REF01 is processed.

- More than the HIPAA allowed maximum of 9 REF segments at each level will be ignored when included within the eligibility verification request transaction.

REVSpc Report - Numbered Error Messages

1. "Card Number not numeric"

2. "Sequence number is missing for card"
3. "Invalid sequence number "

DMG Segment

Example Format, Level and Loop Definition

		270 Implementation Guide Data		Payer Specific Data	
Position	Segment ID / Data Element Number	Description	270 Requirements	MassHealth Instructions	997 AK... values or AAA03 value or STC.. value
Loop	**2100C**	**Subscriber Demographic Information**			
2100	**DMG**	**Subscriber Name**	**Situational**	**To supply demographic information.** **The first three characters in the segment, must be "DMG".**	
100	**DMG01 / 1250**	**Date Time Period Format Qualifier**	Situational	Code indicating the date format, time format, or date and time format. Required when inquiring by name. Must equal "D8".	AK3*DMG*..**8~ AK4*1*1250*7*DMG01 value~
100	**DMG02 / 1251**	**Date Time Period**	Situational	Expression of a date, a time, or range of dates, times or dates and times. Must be a valid date in the CCYYMMDD format. Required when inquiring by name. Must be a non-future date.	AK3*DMG*..**8~ AK4*1*1251*8*DMG02 value~ AAA03 = 58
100	**DMG03 / 1068**	**Gender Code**	Situational	Code indicating the sex of the individual. Must equal "F" or "M" when coded on the 270 transaction. Required when inquiring by name.	AK3*DMG*..**8~ AK4*1*1068*7*DMG03 value~ --- or --- AAA03 = 66
100	**DMG04 / 1067**	**Marital Status Code**	Not Used		
100	**DMG05 / 1109**	**Race or Ethnicity Code**	Not Used		
100	**DMG06 / 1066**	**Citizenship Status Code**	Not Used		
100	**DMG07 / 26**	**Country Code**	Not Used		
100	**DMG08 / 659**	**Basis of Verification Code**	Not Used		
100	**DMG09 / 380**	**Quantity**	Not Used		

270 Eligibility Verification Request

Subscriber Level - Loop 2100C

Assumptions

- To remain consistent with the HIPAA guide, the value "DMG" is defined in this document as DMG00.

- The DMG segment is coded within the subscriber loop on both the 270 eligibility verification request transaction.

The DMG segment is included in the subscriber loop for the 270 eligibility verification transaction when the subscriber's name, date of birth and gender are being used as data base search criteria.

REVSpc Report - Numbered Error Messages

1. "Unrecognized date of birth format"
2. "Invalid birth date. Expect CCYYMMDD format"
3. "Invalid Gender".

DTP Segment

Example Format, Level and Loop Definition

		270 Implementation Guide Data			Payer Specific Data	
Position	**Segment ID / Data Element Number**	**Description**	**270 Requirements**		**MassHealth** **Instructions**	**997 AK... values or AAA03 value or STC.. value**
Loop	**2100C**	**Subscriber Date**				
2100	**DTP**	**Subscriber Name**	**Situational**		**To specify any or all of a date, a time, or a time period.** **Use of this segment is required when the date of inquiry is different than the service date.** **The first three characters in the segment, must be "DTP".**	**AK3*DTP*..* 2100C*3~**
120	**DTP01 / 374**	**Date/Time Qualifier**	Situational		Code specifying type of date or time, or both date and time. Must equal "307" for the 270 transaction within the subscriber loop.	AK304 = 8 AK4*1*374*7* DTP01 value~
120	**DTP02 / 1250**	**Date Time Period Format Qualifier**	Situational		Code indicating the date format, time format, or date and time format. Must equal "D8" for the 270 transaction within the subscriber loop.	AK304 = 8 AK4*2*1250*7* DTP02 value~
120	**DTP03 / 1251**	**Date Time Period**	Situational		Expression of a date, a time, or range of dates, times or dates and times. Must be a valid date in CCCCMMDD format for the 270 transaction within the subscriber loop. Cannot be greater than six months in the past for the 270 transaction.	AK304 = 8 AK4*3*1251*8* DTP03 value~ AAA03 = 62 AAA03 = 63

				Cannot be a date in the future for the 270 transaction.	

270 Eligibility Verification Transaction

    Subscriber Level - Loop 2100C

DTP*307*D8*20010212~   *Service Date*

Assumptions

- To remain consistent with the HIPAA guide, the value "DTP" is defined in this document as DTP00.

- The DTP segment can occur at two levels on the 270 eligibility verification transaction. The REVS implementation of this transaction requires that it be present at the subscriber level and ignores it at the subscriber benefit level. Therefore, this date applies to all of the benefit loops returned in the responding 271 transaction.

- The REVS implementation of the 270 eligibility verification transaction only recognizes one DTP segment. A second DTP, if included on the transaction, will be ignored.

- The DTP segment received in the 270 eligibility verification request at the subscriber level will be returned in the 271 response prior to the first EB segment.

REVSpc Report - Numbered Error Messages

1. "Inappropriate date qualifier"
2. "Unrecognized date of service format"
3. "Invalid date of service. Expect CCYYMMDD format"

EQ Segment

Example Format, Level and Loop Definition

		270 Implementation Guide Data		Payer Specific Data	
Position	**Segment ID / Data Element Number**	**Description**	**270 Requirements**	**MassHealth Instructions**	**997 AK... values or AAA03 value**
Loop	**2110C**	**Subscriber Eligibility or Benefit Inquiry Information**			
2110	**EQ**	**SUBSCRIBER ELIGIBILITY OR BENEFIT INQUIRY**	**Situational**	**To specify inquired eligibility or benefit information.** **The first two characters in the segment, must be "EQ".** **The EQ segment is required since the subscriber is the patient.**	**AK3*EQ*12* 2100D*3~**
130	**EQ01 / 1365**	**Service Type Code**	Situational	Code identifying the classification of service. Must equal "30".	AK3*EQ*12**8~ AK4*1*1365*7* EQ01 value~

130	EQ02 / C003	COMPOSITE MEDICAL PROCEDURE IDENTIFIER	Not Used	To identify a medical procedure by its standardized codes and applicable Modifiers.	
130	EQ02 - 1 / 235	Product/Service ID Qualifier	Not Used	Code identifying the type/source of the descriptive number used in Product/Service ID (234).	
130	EQ02 – 2 / 234	Product/Service ID	Not Used	Identifying number for a product or service.	
130	EQ02 - 3 / 1339	Procedure Modifier	Not Used	This identifies special circumstances related to the performance of the service, as defined by trading partners.	
130	EQ02 - 4 / 1339	Procedure Modifier	Not Used	This identifies special circumstances related to the performance of the service, as defined by trading partners.	
130	EQ02 - 5 / 1339	Procedure Modifier	Not Used	This identifies special circumstances related to the performance of the service, as defined by trading partners.	
130	EQ02 – 6 / 1339	Procedure Modifier	Not Used	This identifies special circumstances related to the performance of the service, as defined by trading partners.	
130	EQ02 – 7 / 352	Description	Not Used	Code identifying a party or other code. Must equal the value of ISA06, a valid Member Number.	
130	EQ03 / 1207	Coverage Level Code	Not Used	Code indicating the level of coverage being provided for this insured.	
130	EQ04 / 1336	Insurance Type Code	Not Used	Code identifying the type of insurance policy within a specific insurance program.	

270 Eligibility Verification Transaction

Subscriber Eligibility Level - Loop 2110C

EQ*30~   *Service Type code*

Assumptions

- To remain consistent with the HIPAA guide, the value "EQ" is defined in this document as EQ00.

- The EQ segment must be included within the 270 eligibility verification transaction at the subscriber level.

- All segments following the EQ segment and prior to the SE segment will be ignored.

REVSpc Report - Numbered Error Messages

PER Segment

Example Format, Level and Loop Definition

	271 Implementation Guide Data			Payer Specific Data	
Position	Segment ID / Data Element Number	Description	271 Requirements	MassHealth Instructions	997 AK... values or AAA03 value or STC.. value

Loop	2100A	Information Source Contact Information			
2100	**PER**	**Administrative Communications Contact**	**Situational**	**To identify a person or office to whom administrative communications should be directed.**	
080	PER01 / 366	Contact Function Code	Required	Code identifying the major duty or responsibility of the person or group named.	
080	PER02 / 93	Name	Situational	Free-form name	
080	PER03 / 365	Communication Number Qualifier	Situational	Code identifying the type of communication number	
080	PER04 / 364	Communication Number	Situational	Complete communications number including country or area code when applicable.	
080	PER05 / 365	Communication Number Qualifier	Situational	Code identifying the type of communication number	
080	PER06 / 364	Communication Number	Situational	Complete communications number including country or area code when applicable.	
080	PER07 / 365	Communication Number Qualifier	Situational	Code identifying the type of communication number.	
080	PER08 / 364	Communication Number	Situational	Complete communications number including country or area code when applicable.	
080	PER09 / 443	Contact Inquiry Reference	Not Used		

271 Eligibility Verification Response

Information Source Level - Loop 2100A

PER*IC*MEMBER SERVICES*TE*8005551654*FX*2128769304~   *Contact Information*

	271 Implementation Guide Data			Payer Specific Data	
Position	**Segment ID / Data Element Number**	**Description**	**271 Requirements**	**MassHealth Instructions**	**997 AK... values or AAA03 value or STC.. value**
Loop	2100C	Information Source Contact Information			
2100	**PER**	**Administrative Communications Contact**	**Situational**	**To identify a person or office to whom administrative communications should be directed.**	
080	PER01 / 366	Contact Function Code	Required	Code identifying the major duty or responsibility of the person or group named.	
080	PER02 / 93	Name	Situational	Free-form name	
080	PER03 / 365	Communication Number Qualifier	Situational	Code identifying the type of communication number	
080	PER04 / 364	Communication Number	Situational	Complete communications number including country or area code when applicable.	
080	PER05 / 365	Communication Number Qualifier	Situational	Code identifying the type of communication number	

080	PER06 / 364	Communication Number	Situational	Complete communications number including country or area code when applicable.	
080	PER07 / 365	Communication Number Qualifier	Situational	Code identifying the type of communication number.	
080	PER08 / 364	Communication Number	Situational	Complete communications number including country or area code when applicable.	
080	PER09 / 443	Contact Inquiry Reference	Not Used		

271 Eligibility Verification Response

Subscriber Level - Loop 2100C

PER*IC*MEMBER SERVICES*TE*8005551654*FX*2128769304~   *Contact Information*

		271 Implementation Guide Data			**Payer Specific Data**	
Position	**Segment ID / Data Element Number**	**Description**	**271 Requirements**	**MassHealth Instructions**		**997 AK... values or AAA03 value or STC.. value**
Loop	**2120C**	**Information Source Contact Information**				
2100	**PER**	**Administrative Communications Contact**	**Situational**	**To identify a person or office to whom administrative communications should be directed.**		
080	**PER01 / 366**	**Contact Function Code**	Required	Code identifying the major duty or responsibility of the person or group named.		
080	**PER02 / 93**	**Name**	Situational	Free-form name		
080	**PER03 / 365**	**Communication Number Qualifier**	Situational	Code identifying the type of communication number		
080	**PER04 / 364**	**Communication Number**	Situational	Complete communications number including country or area code when applicable.		
080	**PER05 / 365**	**Communication Number Qualifier**	Situational	Code identifying the type of communication number		
080	**PER06 / 364**	**Communication Number**	Situational	Complete communications number including country or area code when applicable.		
080	**PER07 / 365**	**Communication Number Qualifier**	Situational	Code identifying the type of communication number.		
080	**PER08 / 364**	**Communication Number**	Situational	Complete communications number including country or area code when applicable.		
080	**PER09 / 443**	**Contact Inquiry Reference**	Not Used			

271 Eligibility Verification Response

Subscriber Level - Loop 2120C

PER*IC*MEMBER SERVICES*TE*8005551654*FX*2128769304~   *Contact Information*

Assumptions

- The PER Segment is not required by HIPAA on either the 270 eligibility verification request transaction and will be ignored if included.

N3 Segment

Example Format, Level and Loop Definition

		271 Implementation Guide Data			Payer Specific Data	
Position	**Segment ID / Data Element Number**	**Description**	**271 Requirements**		**MassHealth Instructions**	**997 AK... values**
Loop	**2100C**	**Subscriber Name**				
2100	**N3**	**Subscriber Address**	**Situational**			
060	**N301 / 166**	**Address Information**	Required			
060	**N302 / 166**	**Address Information**	Situational			

271 Eligibility Verification Response

Subscriber Eligibility Level - Loop 2100C

N3*5197 BROADWAY AVENUE*APT 215~   *Subscriber Address*

		271 Implementation Guide Data			Payer Specific Data	
Position	**Segment ID / Data Element Number**	**Description**	**271 Requirements**		**MassHealth Instructions**	**997 AK... values**
Loop	**2120C**	**Subscriber Benefit Related Entity Address**				
2120	**N3**	**Subscriber Address**	**Situational**			
060	**N301 / 166**	**Address Information**	Required			
060	**N302 / 166**	**Address Information**	Situational			

271 Eligibility Verification Response

Subscriber Eligibility Level - Loop 2120C

N3*5197 BROADWAY AVENUE*APT 215~   *Subscriber Address*

Assumptions

- The N3 Segment is not required by HIPAA on the 270 eligibility verification request transaction and will be ignored if included.

N4 Segment

Example Format, Level and Loop Definition

		271 Implementation Guide Data		Payer Specific Data	997 AK... values or AAA03 value or STC.. value
Position	Segment ID / Data Element Number	Description	271 Requirements	MassHealth Instructions	
Loop	2100C	Subscriber City/State/ZIP Code			
2100	N4	Geographic Location	Situational	To specify the geographic place of the named party	
070	N401 / 19	City Name	Situational	Free-form text for city name	
070	N402 / 156	State or Province Code	Situational	Code (Standard State/Province) as defined by appropriate government agency	
070	N403 / 116	Postal Code	Situational	Code defining international postal zone code excluding punctuation and blanks (zip code for United States)	
070	N404 / 26	Country Code	Situational	Code identifying the country	
070	N405 / 309	Location Qualifier	Situational	Code identifying type of location	
070	N406 / 310	Location Identifier	Situational	Code which identifies a specific location	

271 Eligibility Verification Response

Subscriber Eligibility Level - Loop 2100C

N4*NEW YORK*NY*10003~   *Subscriber City Name*

		271 Implementation Guide Data		Payer Specific Data	997 AK... values or AAA03 value or STC.. value
Position	Segment ID / Data Element Number	Description	271 Requirements	MassHealth Instructions	
Loop	2120C	Subscriber Benefit Related City/State/ZIP Code			
2120	N4	Geographic Location	Situational	To specify the geographic place of the named party	
070	N401 / 19	City Name	Situational	Free-form text for city name	
070	N402 / 156	State or Province Code	Situational	Code (Standard State/Province) as defined by appropriate government agency	

070	N403 / 116	**Postal Code**	Situational	Code defining international postal zone code excluding punctuation and blanks (zip code for United States)	
070	N404 / 26	**Country Code**	Situational	Code identifying the country	
070	N405 / 309	**Location Qualifier**	Situational	Code identifying type of location	
070	N406 / 310	**Location Identifier**	Situational	Code which identifies a specific location	

271 Eligibility Verification Response

Subscriber Eligibility Level - Loop 2120C

N4*NEW YORK*NY*10003~   *Subscriber City Name*

Assumptions

- The N4 Segment is not required by HIPAA on the 270 eligibility verification request transaction and will be ignored if included.

EB Segment

Example Format, Level and Loop Definition

		271 Implementation Guide Data			Payer Specific Data	
Position	**Segment ID / Data Element Number**	**Description**	**271 Requirements**	**MassHealth Instructions**		**997 AK... values or AAA03 value**
Loop	**2110C**	**Subscriber Eligibility or Benefit Information**				
2110	**EB**	**Eligibility or Benefit Information**	**Situational**	**To supply eligibility or benefit information**		
130	**EB01 / 1390**	**Eligibility or Benefit Information**	Required	Code identifying eligibility or benefit information Code will equal 1 for Eligible Code will equal 6 for Ineligible Code will equal R for TPL Code will equal L for PCC Code will equal U for Local Office Number Code will equal N for Long Term Care Code will equal F for Restrictive Message Code will equal MC for Managed Care	
130	**EB02 / 1207**	**Coverage Level Code**	Not Used	Code indicating the level of coverage being provided for this insured	
130	**EB03 / 1365**	**Service Type Code**	Situational	Code identifying the classification of service	

Position	Segment ID / Data Element Number	Description	271 Requirements	Description (detail)	
	1365	**Code**			
130	EB04 / 1336	**Insurance Type Code**	Situational	Code identifying the type of insurance policy within a specific insurance program	
130	EB05 / 1204	**Plan Coverage Description**	Situational	A description or number that identifies the plan or coverage	
130	EB06 / 615	**Time Period Qualifier**	Not Used	Code defining periods	
130	EB07 / 954	**Monetary Amount**	Not Used	Monetary amount	
130	EB08 / 673	**Percent**	Not Used	Percentage expressed as a decimal	
130	EB09 / 380	**Quantity Qualifier**	Not Used	Code specifying the type of quantity	
130	EB10 / 1073	**Quantity**	Not Used	Numeric value of quantity	
130	EB11 / 1073	**Yes/No Condition or Response Code**	Not Used	Code indicating a Yes or No condition or response	
130	EB12 / 1073	**Yes/No Condition or Response Code**	Not Used	Code indicating a Yes or No condition or response	
130	EB13 / C003	**COMPOSITE MEDICAL PROCEDURE**	Not Used	To identify a medical procedure by its standardized codes and applicable modifiers	

271 Eligibility Verification Response

Subscriber Eligibility or Benefit Information Level - Loop 2120C

EB*1*FAM*96*GP~   *Benefit Information*

Assumptions

- The EB Segment is not required by HIPAA on the 270 eligibility verification request transaction and will be ignored if included.

MSG Segment

Example Format, Level and Loop Definition

		271 Implementation Guide Data			Payer Specific Data	
Position	**Segment ID / Data Element Number**	**Description**	**271 Requirements**	**MassHealth Instructions**	**997 AK... values or AAA03 value**
Loop	**2110C**	**MESSAGE TEXT**			
2110	**MSG**	**Message Text**	**Situational**	**To provide a free-form format that allows the transmission of text information**	
250	**MSG01 / 933**	**Free-Form Message Text**	Required	Free-form message text	

Position	Segment ID / Data Element Number	Description	271 Requirements	MassHealth Instructions	
250	MSG02 / 934	Printer Carriage Control Code	Not Used		
250	MSG03 / 1470	Number	Not Used		

271 Eligibility Verification Response

Subscriber Eligibility or benefit information Level - Loop 2120C

MSG*Free form text is discouraged~   *Free form text*

Assumptions

- The MSG Segment is not required by HIPAA on the 270 eligibility verification request transaction and will be ignored if included.

LS Segment

Example Format, Level and Loop Definition

		271 Implementation Guide Data		Payer Specific Data	
Position	**Segment ID / Data Element Number**	**Description**	**271 Requirements**	**MassHealth Instructions**	**997 AK... values or AAA03 value**
Loop	**2110C**	**LOOP HEADER**			
2110	**LS**	**Loop Header**	**Situational**	**To indicate that the next segment begins a loop**	
330	LS01 / 447	Loop Identifier Code	Required	The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE	

271 Eligibility Verification Response

LS*2120~   *Loop Identifier*

Assumptions

- The LS Segment is not required by HIPAA on the 270 eligibility verification request transaction and will be ignored if included.

LE Segment

Example Format, Level and Loop Definition

		271 Implementation Guide Data		Payer Specific Data	
Position	**Segment ID / Data Element Number**	**Description**	**271 Requirements**	**MassHealth Instructions**	**997 AK... values or AAA03 value**

Loop	2110C	LOOP HEADER			
2110	**LE**	**Loop Header**	**Situational**	**To indicate that the loop immediately preceding this segment is complete**	
400	**LE01 / 447**	**Loop Identifier Code**	Required	The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE	

271 Eligibility Verification Response

LE*2120~   *Loop Trailer*

Assumptions

- The LE Segment is not required by HIPAA on the 270 eligibility verification request transaction and will be ignored if included.

PRV Segment

Assumptions

- The PRV Segment is not required by HIPAA on the 270 eligibility verification request transaction and will be ignored if included.

INS Segment

Assumptions

- The INS Segment is not required by HIPAA on the 270 eligibility verification request transaction and will be ignored if included.

III Segment

Assumptions

- The III Segment is not required by HIPAA on the 270 eligibility verification request transaction and will be ignored if included.

The following are all PC receive response edits.

Receive_EDI_N4

Patients Address

If the benefit type is NO_Benefit, the patient address is a required field, if the 55 characters are not alphanumeric or invalid address, generate the following error "Invalid/missing Patient Address" with error code "97". Get the next field, if the next field is alphanumeric concatenate it to the patient address after Carriage Return Line Feed, otherwise generate error "Invalid/missing Patient Address" with error code "97".

PCC Address

If the benefit type is PCC, the PCC address is a required field, if the 55 characters are not alphanumeric or an invalid address, generate the following error " Invalid/missing PCC Address " with error code "97". Get the next field, if the next field is alphanumeric concatenate it to the patient address after Carriage Return Line Feed, otherwise generate error "Invalid/missing PCC Address" with error code "97".

Local Office Address

If the benefit type is LO Benefit, The Local Address is a required field, if the 55 characters are not alphanumeric or an invalid address, generate the following error " Invalid/missing Local Office Address " with error code "97". Get the next field, if the next field is alphanumeric concatenate it to the patient address after Carriage Return Line Feed, otherwise generate error "Invalid/missing Local Office Address" with error code "97".

TPL Address

If the benefit type is TPL, The TPL address is a required field, if the 55 characters are not alphanumeric or an invalid address, generate the following error " Invalid/missing TPL Address " with error code "97". Get the next field, if the next field is alphanumeric concatenate it to the patient address after Carriage Return Line Feed, otherwise generate error "Invalid/missing TPL Address" with error code "97".

Managed Care Office Address

If the benefit type is MCO, the MCO address is a required field, if the 55 characters are not alphanumeric or an invalid address, generate the following error " Invalid/missing Managed Care Provider Address " with error code "97". Get the next field, if the next field is alphanumeric concatenate it to the patient address after Carriage Return Line Feed, otherwise generate error "Invalid/missing Managed Care Provider Address" with error code "97".

Long Term Care Provider Address

If the benefit type is LTC, The Long Term Care Provider address is a required field, if the 55 characters are not alphanumeric or an invalid address, generate the following error " Invalid/missing Long Term Care Provider Address " with error code "97". Get the next field, if the next field is alphanumeric concatenate it to the patient address after Carriage Return Line Feed, otherwise generate error "Invalid/ Long Term Care Provider Address" with error code "97".

Receive_EDI_N4

Patients Address

If the benefit type is NO Benefit, the patient address is a required field, validate the city is at least two characters and maximum of 30 and it's alphanumeric. Validate the state is two alphabetic characters. Validate the Zip code field.

PCC Address

If the benefit type is PCC, the PCC address is a required field, validate the city is at least two characters and maximum of 30 and it's alphanumeric. Validate the state is two alphabetic characters. Validate the Zip code field.

Local Office Address

If the benefit type is LO, the LO address is a required field, validate the city is at least two characters and maximum of 30 and it's alphanumeric. Validate the state is two alphabetic characters. Validate the Zip code field.

TPL Address

If the benefit type is TPL, the TPL address is a required field, validate the city is at least two characters and maximum of 30 and it's alphanumeric. Validate the state is two alphabetic characters. Validate the Zip code field.

Managed Care Office Address

If the benefit type is MCO, the Managed Care Office address is a required field, validate the city is at least two characters and maximum of 30 and it's alphanumeric. Validate the state is two alphabetic characters. Validate the Zip code field.

Long Term Care Provider Address

If the benefit type is LTC, the Long Term Care Provider address is a required field, validate the city is at least two characters and maximum of 30 and it's alphanumeric. Validate the state is two alphabetic characters. Validate the Zip code field.

PCC Name

If the benefit type is PCC benefit, validate the PCC name is alphanumeric with length of up to 35 characters.

PCC Number

If the benefit type is PCC benefit, and the ID Code is "SV", validate the PCC number is alphanumeric with length of a minimum of 2 and up to 80 characters.

Local Office Name

If the benefit type is Local Office benefit, validate the Local Office name is alphanumeric with length of up to 35 characters.

Local Office Number

If the benefit type is Local Office benefit, validate the Local Office number is alphanumeric with length of a minimum of 2 and up to 80 characters.

Third Party Liability Name

If the benefit type is Third Party Liability benefit, validate the Third Party Liability name is alphanumeric with length of up to 35 characters.

Third Party Liability Carrier

If the benefit type is Third Party Liability benefit, validate the Third Party Liability carrier is alphanumeric with length of a minimum of 2 and up to 80 characters.

Managed Care Name

If the benefit type is Managed Care benefit, validate the Managed Care name is alphanumeric with length of up to 35 characters.

Managed Care Number

If the benefit type is Managed Care benefit, and the ID Code is "PI", validate the Managed Care number is alphanumeric with length of a minimum of 2 and up to 80 characters.

Long Term Care Provider

If the benefit type is Long Term Care benefit, validate the Long Term Care provider is alphanumeric with length of up to 35 characters.

Receive_EDI_PER

Number Type

If the Number type is alphanumeric and the number type is "TE", or "WP" accept the phone number. If the number type is not "TE" or "WP" repeat the validation for the next two groups.

SSN

If the segment type is not dependent, the benefit type is NO Benefit, and the field ID is "SY", get the SSN. If the SSN is not 9 digits numeric, generate the following error "Invalid SSN" and error code "43".

Policy Number & Name

If the segment type is not dependent, the benefit type is TPL Benefit, and the field ID is "IG" or "N6", get the Policy number and Name.

Provider Name

If the segment type is not Dependent, the benefit type is LTC Benefit and the field ID is "1P" get the Provider Name.

Managed care policy number and plan name

If the segment type is not dependent, the benefit type is MCO Benefit, get the Policy number and Plan Name.

Appendix A:

List of Segments & Error Codes

Segment Name	Error Code
Receive_EDI_270_Record	ZZ
Receive_EDI_DMG	58
Receive_EDI_DTP	56,58
Receive_EDI_N3	97
Receive_EDI_N4	
Receive_EDI_NM1	64
Receive_EDI_PER	

Appendix B:

Examples of 270 Segment Sets

Inquiry by Member ID

        ST*270*0001~

```
BHT*0022*13*REPW*20010212*140932~


HL*1**20*1~                                     Information Source Level
NM1*PR*2*MASSACHUSETTS MEDICAID*****PI*DMA~


HL*2*1*21*1~                                     Information Receiver Level
NM1*1P*1*EDS REVS*****SV*D100000~                Provider Name and Number
REF*JD*TESTER01~                                 User ID


HL*3*2*22*0~                                     Subscriber Level
NM1*IL*1******MI*123123123123~                   RID Number
DTP*307*D8*12341212~                             Date of Service
EQ*30~                                           Service Type code
SE*13*0001~
```

Inquiry by Card and Sequence Number

```
ST*270*0001~
BHT*0022*13*REPW*12341212*123456~


HL*1**20*1~                                     Information Source Level
NM1*PR*2*MASSACHUSETTS MEDICAID*****PI*DMA~


HL*2*1*21*1~                                     Information Receiver Level
NM1*1P*1*XYZ HOSPITAL*****SV*1234567~            Provider Name and Number
REF*JD*TESTER01~                                 User ID


HL*3*2*22*0~                                     Subscriber Level
NM1*IL*1~
REF*GH*1234567890~                               Card and Sequence Number
DTP*307*D8*12341212~                             Date of Service
EQ*30~                                           Service Type code
SE*14*0001~
```

Inquiry by Name, Date of Birth and Gender

```
ST*270*0001~
BHT*0022*13*REPW*12341212*123456~
```

```
HL*1**20*1~                                           Information Source Level
NM1*PR*2*MASSACHUSETTS MEDICAID*****PI*DMA~


HL*2*1*21*1~                                          Information Receiver Level
NM1*1P*1*XYZ HOSPITAL*****SV*1234567~                 Provider Name and Number
REF*JD*TESTER01~                                      User ID


HL*3*2*22*0~                                          Subscriber Level
NM1*IL*1*TEST*TEST*J~                                 Last Name, First Name, MI
DMG*D8*12341212*M~                                    Date of birth and gender
DTP*307*D8*12341212~                                  Date of Service
EQ*30~                                                Service Type code
SE*14*0001~
```
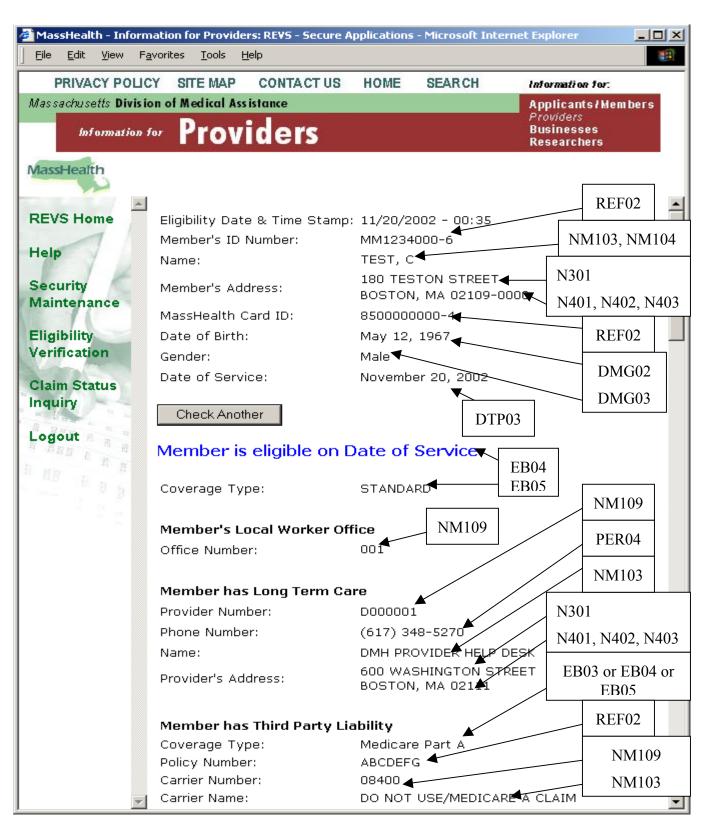
Appendix C:

Example of a 271 Segment Set

ST*271*0001~

BHT*0022*11*REPW*20010212*140937~   Use to be decided

HL*1**20*1~   Information Source Level

AAA*Y**42*R~   Error response for a system problem
                                                     "Unable to Respond at the current time"

NM1*PR*2*MASSACHUSETTS MEDICAID*****PI*DMA~

PER*IC*EDS PROVIDER RELATIONS*TE*8001231234~

AAA*N**41*N~   Error response for invalid Information Source

HL*2*1*21*1~   Information Receiver Level

NM1*1P*1*XYZ HOSPITAL*****SV*1234567~   Provider Name & Number

REF*JD*TEST01~   User ID

REF*4A*PASSWORD~   Password

AAA*N**41*N~   Error response for invalid Information Receiver

**The error would be here for invalid provider Number or Equipment number. Cross-walked Error code
values.**

HL*3*2*22*0~   Subscriber Level

NM1*IL*1*TEST*TEST*H***MI*123456789~   Member Name, RID

REF*GH*12345678902~   Card & Sequence Numbers

AAA*N**64*N~   Error response for invalid Recipient Info

The error for missing or invalid RID. Cross-walked error code values.

REF*SY*123456789~   SSN

N3*1234 TEST AVE~   Address

N4*CITY*MA*123123456789~   Town, State, Zip

DMG*D8*12341212*M~   Date of Birth & Gender

DTP*307*D8*20010212~   Date of Service

EB*1**30*MC*STANDARD~   Eligible/Ineligible, Coverage Type

EB*L~   Indicates PCC

LS*2120~

NM1*P3*2*TEST HEALTH CEN~   PCC Name

```
N3*34 HAVERHILL ST~                                    PCC Address
N4*CITY*MA*12345~
PER*IC**TE*1231231234~                                 PCC Telephone Number
LE*2120


EB*U~                                                  Indicates Local Office
LS*2120~
NM1*FA*2*LWO/ MEC*****FA*555~                           Local Office #
LE*2120


EB*F~                                                  Indicates Restrictive Message
MSG*FOR MENTAL HEALTH OR SUBSTANCE ABUSE SERVICE AUTHORIZATION CALL THE
PARTNERSHIP AT 1-800-555-5555.~


EB*R***HM~                                             Indicates TPL and Coverage Code (Cross-walked)
REF*IG*012345678*TPL OF MA~                            Indicates TPL Policy Number & Plan Sponsor Name


LS*2120~
NM1*2B*2*TPL OF MA*****PI*12345~                        Carrier Name & Carrier Code
N3*PO BOX 1234~
N4*CITY*MA*12345~
LE*2120~


EB*MC***EP~                                            Indicates Managed Care and Coverage Code
REF*N6*012345678*TEST HEALTH~                           Policy Number and Plan Name
LS*2120~
NM1*2B*2*MASSHEALTH/HMO TEST HEALTH*****PI*12345~    MCO Name and Carrier Code
N3*CLAMS OFFICE*PO BOX 123456~                          MCO Address info
N4*CITY*MA*12345~
LE*2120~
EB*R***EP~                                             Indicates TPL for MCO and Coverage Code
REF*N6*012345678*TEST HEALTH~                           Policy Number and Plan Name
LS*2120~
NM1*2B*2*MASSHEALTH/HMO TEST HEALTH*****PI*12345~    MCO Name and Carrier Code
N3*CLAMS OFFICE*PO BOX 123456~                          MCO Address info
N4*CITY*MA*12345~
```

LE*2120~

**We are passing the MCO in a loop identifying it as an MCO and then reiterating the same loop identifying it as TPL.

EB*N**54*LONG TERM CARE~   Indicates Long Term Care

LS*2120~

NM1*1P*2*XYZ HOSPITAL*****SV*1234567~   Provider Name and Number

N3*567 CITY ST~   Provider Address

N4*SO CITY*MA*01234~

PER*IC**TE*5553210796~   Provider Telephone Number

LE*2120~

SE*65*0001~

Appendix D:

AAA Error Code Segment Response for 271 Transaction

AAA01 - Request valid?	AAA03 - Reject Reason Code	AAA04 - Follow-up Action Code	Edit Error Causes
Information Source Level - Immediately following HL segment			
N	04 - Authorized Quantity Exceeded	N - Not allowed	More than the maximum (1 at this time) HL segments are present at the subscriber level
Y	42 - Unable to Respond at Current Time	R - Resubmission Allowed	System error or not available
Information Source Level - Not used at this time.			
Information Receiver Level - Following all Receiver segments			
Y	43 - Invalid or Missing Provider ID	C - Correct and resubmit	NM108 = "SV" but NM109, provider number, length not equal 7 --or-- 1st position not alphanumeric --or-- last 6 positions not numeric --or-- The software version not numeric, out of date, or future version or prov # invalid or source invalid or equip # not on file or invalid
Y	51 Provider Not on File	N - Not allowed	Provider ID not on file
Information Subscriber Level - Following name segments			
Y	56 - Inappropriate Date	C - Correct and resubmit	Date of service is not a valid date.
Y	57 - Invalid or Missing date of service	C - Correct and resubmit	Date of service field does not contain a numeric value.
Y	58 - Invalid or Missing Date of Birth	C - Correct and resubmit	Date of Birth is not present. --or-- a future date.
Y	62 - Date of Service not within allowable inquiry period	C - Correct and resubmit	The Date of Service must not be greater than 6 months in the past.
Y	63 - Date of service in future	C - Correct and resubmit	Date of Service cannot be a future date.
Y	64 - Invalid or missing patient ID	C - Correct and resubmit	REF01 = "GH" but REF02 length is not 10 or not numeric. --or-- REF02 last 2 positions, the sequence number, is less than 01 or greater than 04.

AAA01 - Request valid?	AAA03 - Reject Reason Code	AAA04 - Follow-up Action Code	Edit Error Causes
Y	65 - Invalid or missing patient name	C - Correct and resubmit	Last name is required but not present. --or-- First name is required but not present or not alpha.
Y	66 - invalid or missing patient gender code	C - Correct and resubmit	A gender code is required but not present. --or-- the gender code is other than M or F.
Y	67 - Patient not found	C - Correct and resubmit	The Member was not found on the database file.
Y	68 - Duplicate Patient ID Number	C - Correct and resubmit	A Member ID conflict exists. This returned AAA segment is followed by a MSG segment. MSG seg = "Duplicate RID. Call 1-800-833-7582 for assistance."
y	72 - Invalid or missing subscriber ID	C - Correct and resubmit	NM108 = "MI" but NM109 does not contain 9 characters --or-- first two are not Alphanumeric and last 7 numeric.
Information Subscriber Level - not used at this time			